



John J. Barthelmes
Commissioner of Safety
Richard C. Bailey, Jr.
Director of Motor Vehicles

STATE OF NEW HAMPSHIRE
NH DEPARTMENT OF SAFETY
Division Of Motor Vehicles
23 Hazen Drive, Concord, NH 03305
603- 227-4120

- ☐ NEW
☐ RENEWAL
☐ LOCATION CHANGE
☐ NAME CHANGE
☐ DEALER/REGISTRATION
#: _____

APPLICATION FOR REPAIRER REGISTRATION
RSA 259:87 / 261:136

BUSINESS IS: ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR **SS/FED ID #:** _____

CORPORATE NAME: _____

TRADE NAME: _____

BUSINESS MAILING ADDRESS: _____ Zip Code _____
Street / RFD / P.O. Box Town / City

BUSINESS LOCATION: _____ Zip Code _____
Street / RFD Town / City

BUSINESS TELEPHONE NUMBER: _____ **FAX NO:** _____

BUSINESS EMAIL (optional): _____

BUSINESS HOURS (indicate days and hours pursuant to RSA 261:103 and SAF-C 2001:15):

Monday: _____ **Tuesday:** _____ **Wednesday:** _____

Thursday: _____ **Friday:** _____ **Saturday:** _____ **Sunday:** _____

OWNERS / PARTNERS / AND IF A CORPORATION, IN ADDITION, ALL OFFICERS:

Name	Home Address	Date of Birth	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Is your trade name registered with the Secretary of State's Office? YES ☐ NO ☐

2. Do you intend to buy, sell or exchange motor vehicles? YES ☐ NO ☐

If selling or exchanging, please complete the supplemental plate section on the back.

3. Are you principally engaged in the motor vehicle business? YES ☐ NO ☐

4. Does the location and operation of this business meet all local zoning or other regulatory requirements? YES ☐ NO ☐

5. Do you own or lease the premises? OWN ☐ LEASE ☐ If leased, please attach a copy of the current lease.

6. Are the business activities conducted at an enclosed, commercial building? YES ☐ NO ☐

FOR SUPPLEMENTAL PLATE:

- A. What are the interior dimensions of your building? _____ Feet by _____ .
- B. Is the required Dealer's Bond on file with the Division of Motor Vehicles? YES ☐ NO ☐
- If YES, name of Insurance Company: _____
- C. Have you or your business ever been convicted of a crime that has not been annulled by a court or have you or your business ever been subject to a civil judgement connected with a motor vehicle business? YES ☐ NO ☐
- If YES, please attach your criminal record or copy of civil judgement.

FOR RENEWAL ONLY:

- A. Has there been any change in ownership or location of this business which has not been previously reported in writing to the Director? YES ☐ NO ☐
- B. Please conduct a physical inventory of all plates issued to your business and list them by letter and location/assignment, in alphabetical order (attached additional sheet if necessary):
- _____
- _____
- _____
- C. List any lost / stolen plate(s) not previously reported to the Director or Motor Vehicles and submit a Lost Plate form, RDMV 125, for each plate. _____

APPLICANT'S CERTIFICATION

In consideration of our application for a Repairer Registration, I, on behalf of the owners, partners and officers listed as part of this application, do hereby agree to be familiar with, and abide by all applicable statutes and rules, to be principally engaged in the motor vehicle business to the general public. I also certify that the location and operation of my business does not violate any existing local ordinances or regulations, and agree to notify the Director of the Division of Motor Vehicles in writing of any change of address or business status, including ownership, 30 days prior to the effective date of such change.

I further understand that a violation of any of the rules and regulations issued by the Director, Director of Motor Vehicles, will be deemed sufficient cause for an administrative hearing and penalties may be imposed.

OWNER'S NAME: _____ TITLE: _____

HOME RESIDENCE: _____

HOME PHONE NUMBER: _____ OWNER'S DATE OF BIRTH: _____

OWNER'S SIGNATURE: _____ DATE: _____

This application is signed and any additional information is offered under the penalty of unsworn falsification pursuant to RSA 641:3.

RENEWAL PLATE FEES

First Plate: \$24.00

Each Additional Plate: \$9.00

Each Supplemental Plate: \$9.00

LICENSE FEE

\$125.00

TOTAL AMOUNT ATTACHED: \$

MOTOR VEHICLE USE ONLY

Date Received: _____ Received By: _____

Date Reviewed: _____ Reviewed By: _____

Date Processed: _____ Processed By: _____

Additional Comments: _____